

Notice of Use of Private Health Care Information

Alaska Psychiatric Institute
Telebehavioral Healthcare Services
(Provider Please Fax Page 4, "Patient Signature Page" to 269-7129)

PLEASE REVIEW CAREFULLY. THIS NOTICE EXPLAINS HOW WE MAY USE AND RELEASE HEALTH CARE INFORMATION ABOUT YOU. THIS NOTICE ALSO EXPLAINS HOW YOU CAN GET A COPY OF YOUR HEALTH CARE INFORMATION.

YOUR MEDICAL INFORMATION IS PRIVATE

One of our most important responsibilities is keeping your health care information private. We protect your health care information. We follow all laws when we use your health information. You have the right to discuss with the API Privacy Official (907-269-7100) your concerns about how we share your health care information.

The law says:

1. We must keep your health care information from others who do not need it.
2. You may ask us not to share certain health care information.
3. Sometimes, we may not be able to agree to your request.

We provide a copy of our written records about your health care to your local health care team. We will not share your records to any one else without your written permission with some exceptions. The exceptions are laws that tell us when we have to share health care information, even if you do not sign a permission form. We always report the following:

1. contagious diseases, birth defects and cancer;
2. firearm injuries and other trauma events;
3. reactions to problems with medicines or defective medical equipment;
4. to the police when required by law;
5. when the court orders us to;
6. to the government to review how our programs are working;
7. to a provider or insurance company who needs to know if you are enrolled in one of our programs.
8. to Workers Compensation for work related injuries;
9. birth, death and immunization information;
10. to the federal government when they are investigating something important to protect our country, the President and other government workers;
11. abuse, neglect and domestic violence, if related to child protection or vulnerable adults
12. need for "duty to warn" possible victims.
13. We may also share health care information for permitted research purposes, for matters concerning organ donations and for serious threats to public health or safety.

WHO SEES AND SHARES MY HEALTH CARE INFORMATION?

Your local health care team and API health care team (nurses, doctors, therapists and social workers) may see, use and share your health care information to determine your plan of care. This use may cover health care services you had before now or may have later. We review your health

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care information to make sure that you get quality care and that all laws about providing and paying for your health care are being followed.

MAY I SEE AND COPY MY HEALTH CARE INFORMATION?

You Have the Right to See and Get Copies of Your Health Care Information

Please request your local health care team to provide you with a copy of your health care information.

If you think some of your health care information is wrong or that a piece of important information is missing, you have the right to ask us in writing to correct or add to it. Contact the API Privacy Official (269-7100) for further instructions. We will respond within 60 days of receiving your request.

We may deny your request if:

1. The health care information was not created at API.
2. The health care information is not part of your record.
3. The health care information is accurate and complete.

If your request is denied, the reasons for the denial will be given to you in writing. You have the right to disagree with that denial in a written statement.

You Have the Right to a List of Releases of Health Care Information We Have Made

You have the right to review a list of persons or organizations to whom API has released your health care information. **The list will not include:**

1. Releases made to carry out treatment, payment or operations.
2. Releases made according to your authorization.
3. Releases made for specific government functions.
4. Releases made to persons actively involved in your health care.

Please contact the API Privacy Official (269-7100) for further instructions. We will respond within 60 days of your written request. If more time is required to process your request, we may use an additional 30 days and notify you in advance.

You Have the Right to Request Different Ways to Communicate With You

You have the right to request how we contact you about your health care information. For example; you may request that we contact you at your work address or phone number. We will accommodate reasonable requests. **API policy does not allow E-mailing of health care information and we cannot accommodate E-mail requests.**

You Have the Right to Request Restrictions on Uses of Your Health Care Information

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You have the right to ask that we limit how we use your health care information. Contact the API Privacy Official (269-7100) for further instructions. We will consider your written request, but are not legally required to accept it.

WHAT IF MY HEALTH CARE INFORMATION NEEDS TO GO SOMEWHERE ELSE?

Contact your local health care team to give your health care information to others.

MAY I GET A COPY OF THIS NOTICE?

This notice is yours. You may ask for a copy at any time. If there are important changes to this notice, you will get a new one.

QUESTIONS OR COMPLAINTS?

If you have questions or feel that your privacy rights have been violated, you can contact the API Privacy Official by calling 907-269-7100 or by writing to Alaska Psychiatric Institute, Privacy Official, 3700 Piper St., Providence Drive, Anchorage, Alaska 99508.

You can also complain to the federal government Secretary of Health and Human Services (HHS) or to the HHS Office of Civil Rights.

Your health care services will not be affected by any complaint made to the Department Privacy Official, Secretary of Health and Human Services or Office of Civil Rights.

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PATIENT SIGNATURE PAGE

I have received a copy of the API Notice of Privacy Practices:

Printed Name	Signature	Date

Or

Personal Representative's Signature if patient is under 18 years of age or if the patient is an adult who is unable to sign this form.

Printed Name	Signature	Date

Description of Personal Representative's Authority or Witnesses' Role and Reason for Signing: